2009 OCT -7 AM 9: 59

FEC FORM 3

Only

903016422

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Revised 02/2003)

		FOF An	zea Cor	nmittee		Office Use Only				
1. NAME OF COMMITTEE (in	full)	TYPE OR PRI	NT 🔻		xample: If typio ever the lines.	ng, type	12FE4M	ō		
THE COM	mitt	EET	0 E	1 EC	T STAI	u Ca	OKE			
		11111					1 1 1 1 1		111	
ADDRESS (number and street)			Cherry BROOK Road							
▼ Ol alakat	er									
Check if direction than previous reported. (A	usiy	KIMB	FRIL.	4	<u>.l., l., ll.</u>		AL	35 ₀	911-	l. I. I.
2. FEC IDENTIFIC	CATION N	JMBER ▼		CITY A			STATE A		ZIP CODE	A
C 004	642	22		S THIS REPORT	NEV (N)	OR	AMENI (A)	DED	STATE V	DISTRIC
4. TYPE OF RE (a) Quarterly R	,	oose One)	(b) 1	2-Day PR	E-Election Rep	ort for the:				
April 15 Quarterly Report (Q1)					Primary (12F	")	General (*	12G)	Run	off (12R)
					Convention ((12C)	Special (1	2S)		
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)) ,	Election or	м м . 1 .	, , ,	4 4 4 4		in the State of	
January 31 Year-End Report (YE)			(c) 3	0-Day PO	ST-Election Re	port for the:				-
					General (300	3)	Runoff (36	OR)	Spe	cial (30S)
Termination Report (TER)				Election or	м м ,	, 00 ,	Y Y Y Y		in the State of	
5. Covering Period	ď	ነ ′ ტ ዓ	' <i>à</i> č	09	through	8	1′ 38 ′	Зŏ	Po	
I certify that I have e	examined th	is Report and	o the be	st of my k	nowledge and	belief it is tr	ue, correct and	d comple	te.	·
Type or Print Name	of Treasurer	Linda	M	ichelle	· Cooke	•				
Signature of Treasure	er A	indal	Mich	Relle	Cook	?	Date 09	′ 3	ර 2	ŏŏq
NOTE: Submission of	false, emone	ous, or incomp	ete infor	nation may	subject the pe	rson signing	this Report to t	he penalt	ies of 2 U.S.	.C. §437g.
Office	•							FE/	CODM	2